



**PARTNERSHIP FOR RECOVERY
NO BLUE ROOFS
PROGRAM APPLICATION**

Applicant Information

Last Name _____ First _____ Middle Initial _____

Address _____ City _____ State _____ Zip Code _____

Municipality _____ Miami Dade County District _____ Property Folio Number _____

Home Phone (____) _____ Emergency Phone (____) _____

Language(s) Spoken _____

Household Demographics: Please provide information below for every person living in your home, including you. If there are more than 7 people living in your home, please attach the information on a separate sheet.

Number of people living in the home _____

| Name | Birthdate | Relationship | Social Security Number |
|------|-----------|--------------|------------------------|
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Household Employment and Income. Please provide information below for every person living in your home, including you.

| Name | Employer/Address | Monthly Income |
|------|------------------|----------------|
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Household Public Assistance. Column one: check all that apply. Column two: Circle the total number of persons, including you, receiving the assistance. Column three: indicate the total monthly amount of assistance received by every person in your household, including you, for that assistance,

| Type of Assistance | Total Number of Persons | Total monthly amount |
|---|-------------------------|----------------------|
| <input type="radio"/> Social Security Benefits | 1 2 3 4 5 6 7 | \$ _____ |
| <input type="radio"/> SSI (Supplemental Income) | 1 2 3 4 5 6 7 | \$ _____ |
| <input type="radio"/> Pension | 1 2 3 4 5 6 7 | \$ _____ |
| <input type="radio"/> Veterans Assistance | 1 2 3 4 5 6 7 | \$ _____ |
| <input type="radio"/> Other public assistance | 1 2 3 4 5 6 7 | \$ _____ |

If other, please describe the type of assistance received: _____

GROSS HOUSEHOLD MONTHLY INCOME \$ _____ Monthly
GROSS HOUSEHOLD ANNUAL INCOME \$ _____ Annual

Other Household Information

Do you own your home free and clear? Yes _____ No _____ If no, to whom do you make your house payments?

Name _____ Phone _____ Loan # _____

Are you in foreclosure? _____ Yes _____ No Have you signed a contract with a roofer? _____ Yes _____ No

Disaster Assistance: Please provide all Hurricane Wilma roof damage claims and assistance information applied for and received.

Do you have property insurance on your home? _____ Yes _____ No

If yes, have you filed a claim for roof repair? _____ Yes _____ No

If yes, has the Insurance claim been paid? _____ Yes _____ No

If yes, how much was paid? \$ _____

Company Name: _____ Phone Number: _____

Policy Number: _____ Claim Number: _____

What disaster assistance have you applied for/received for roof repair? *Check all that apply*

- | | | |
|-----------------------------|---------------------------|------------------------|
| <input type="radio"/> FEMA | Amount applied for: _____ | Amount received: _____ |
| <input type="radio"/> Other | Amount applied for: _____ | Amount received: _____ |

FEMA application number: _____

Supporting Documentation

You must include with this application with at least a copy of one document from categories 1, 2, and 3 and any applicable documents from category 4 below. If you do not have homeowner insurance or FEMA claim information, indicate (N/A) Not Applicable. Your application will not be processed without these documents.

| (1) One Needed | (2) All Sources Needed | (3) One Needed | (4) All Applicable Needed |
|---|--|--|--|
| <i>Proof of Ownership</i> | <i>Proof of Income</i> (for each member) | <i>Proof of Residence</i> | <i>Other Supporting Documents</i> |
| <input type="checkbox"/> Warranty Deed | <input type="checkbox"/> W2 Form | <input type="checkbox"/> Drivers License | <input type="checkbox"/> Photographs of the damages |
| <input type="checkbox"/> Combined Tax Notice | <input type="checkbox"/> SSA or SSI Benefits Letter | <input type="checkbox"/> Florida State Identification Card | <input type="checkbox"/> Photo Identification |
| <input type="checkbox"/> Homestead Exemption Card | <input type="checkbox"/> TANF | <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Insurance claim information |
| | <input type="checkbox"/> Pay stubs for the last 3 months | <input type="checkbox"/> Passport/Visa/Parole | <input type="checkbox"/> FEMA claim information |
| | | | <input type="checkbox"/> Roof estimates |

Warning: Florida Statute 817 provides that willful false statements or misrepresentations concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under § 775.082 or 775.83.

Owner Participation Consent and Agreement: I have read or have read to me and understand this application. I understand and agree that if I am selected to participate in this program, I will be responsible for protecting my home from damage, should a storm threaten Miami-Dade County before the roof is installed or repaired. I further understand that by signing this form I agree to provide No Blue Roofs Program representatives the right of entry, and to hold its partners harmless. I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that false statements of any kind or omission of facts and information provided on this application are grounds for prosecution. I further understand that false or misleading information may be grounds for rejection of my application and termination from the program. I understand that submittal of this application does not automatically grant participation in the program. If selected for the program, I may be required to consent to additional terms and conditions set forth in a separate agreement.

Homeowner/Applicant Name: (Please Print) _____

Homeowner/Applicant Signature: _____ Date: _____